

HONOLULU ETHICS COMMISSION

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768 Email: ethics@honolulu.gov Website: http://www.honolulu.gov/ethics/

2019 ANNUAL REPORT

Lobbyist Annual Report (January 1 – December 31, 2019) (Type or Print Clearly) THIS SPACE FOR OFFICE USE ONLY

HONOLULU ETHICS COMMISSION RECEIVED

82.10.20

20 JAN 31 P.3 21

PART I LOBBYIST	
NAME (Last) (First) (Middle)	
Yamasaki, Ross	
LOBBYIST FIRM/EMPLOYER (if applicable)	TELEPHONE
Capitol Consultants of Hawaii, LLP	(808) 531-4551
MAILING ADDRESS (No. and Street or P.O Box) 222 South Vineyard Street, Suite 401	FAX (808) 531-4551
	EMAIL Ross.Yamasaki@808cch.com
(City) Honolulu (State) HI	(Zip Code) ₉₆₈₁₃

PART II ORGANIZATION					
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE			
AT&T	(425) 580-5836				
MAILING ADDRESS (No. and Street or P.O. Box) PO Box 97061		FAX (425) 580-8652			
		EMAIL rb3794@att.com			
(City) Redmond	(State) WA	(Zip Code) 98073-9761			

PART III EXPENDIT	TURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount	
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount	
Entertainment & Events	Amount	Other □Additional Sheet(s) Attached		
		TOTAL -NA-	V	

Deadline: January 10th of Each Year NOTE: This is a public document

PART IV FEES, COI YOU RECEIVED FO					EMBERSHIP FEES	
Fees		Amount				
Compensation			Amount \$7	,539.26		
Contributions			Amount			
Membership Fees			Amount			
☐ Check here if additional sheets attached		□ n/a				
PART V DESCRIPT	ION C	F SUBJECTS (ON WHICH	YOU LO	BBIED	
☐Business & Economic Development		☐Community Service	ces	□Customer Services		
□Culture & Arts		□Housing		☑Public Works, Infrastructure & Sustainability		
□Parks & Recreation		□Public Health, Sat	fety & Welfare	□Tourism		
				☐ Specific Legislation: ☐ Additional Sheet(s) Attached		
□Transportation □Zonin		□Zoning & Planning	Zoning & Planning		Bill No(Year) Reso No Admin. Rule No Dept	
PART VI POLICY M						
1.	O INFLUENCE AND OUTCOME (e.g., B		4.		Outcome:	
2.	Outco	me: 5.			Outcome:	
3.	Outco	me:	□ Additional Sheet(s) Attached		ached NOTARY	
PART VII LOBBYIS	T CEF	RTIFICATION		- 1.3.3.	PUBLIC *	
I hereby certify that the foregoing statements are true and correct.			Subscribed and sworn to before me			
LOBBYIST SIGNATURE V31/20 NO 97-20			This 31 da By: SHARAGE NOTARY OF ANY OF A	OFFICIAL AUTHOR	IZED TO ADMINISTER OATHS ANN N. KAPUNIAI	
DATE	-	OF HAVE		<u> </u>	ARY PUBLIC, FIRST JUDICIAL CIRCUI STATE OF HAWAII	
Rev. 12/2000 Date: 1/31/202 # Notary Name: Ann N. Kapunial Doc. Description 2019 Aun Report Notary Signature	First Cin	NOTE: This is a	·	'ear	COMMISSION EXPIRE 01/14/2023	